

L.A. Health

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The Los Angeles County
Board of Supervisors
has proclaimed
May 1999 as
Women's Health
Month



Women's Health Status And Access To Health Care Services

Important differences exist in the patterns of illness and mortality among women compared to men, reflecting a complex array of biological, behavioral, psychosocial, and economic differences between the genders.¹ Women on average live longer than men in most industrialized countries. In 1993, the life expectancy at birth for women in the United States was 78.8 years compared to 72.2 years in men.² Despite this survival advantage, women are in general more likely than men to experience illness and to report poorer health status.³ Women have a higher prevalence of many acute and chronic health conditions including urinary tract infection, depression, arthritis, osteoporosis, and thyroid disease. Breast cancer is a leading cause of death in women while exceedingly rare in men. Many other important health conditions are found exclusively in women including infections and cancers of the genital tract, and other gynecologic conditions.

How one rates their health status is an important indicator of overall health. Self-ratings of health status have been shown to predict subsequent risk of mortality, even after accounting for other medical, behavioral, and psychosocial risk factors.⁴ In addition, self-perceived health status may have important implications for quality of life. Persons who consider themselves in ill-health may have functional limitations and be less able to lead productive and fulfilling lives.

This report provides information on the self-reported health status of women (≥ 18 years old) in Los Angeles County and on variation in reported health status across different subpopulations of women defined by age, race/ethnicity, socioeconomic status, health insurance

The Los Angeles County Health Survey is a population-based telephone survey of 8,004 households in Los Angeles County, examining health-related issues for children and adults. The survey was conducted for the Department of Health Services in the spring of 1997 by the Field Research Corporation with assistance from local universities. Additional support for the survey was provided by the California Department of Health Services and the California Endowment.

1. Ness RB, Kuller LH(ed). *Health and Disease Among Women: Biological and Environmental Influences*. Oxford University Press, 1999.

2. National Center for Health Statistics. *Health, United States, 1995*. Hyattsville, Maryland: Public Health Service, 1996.

3. Centers for Disease Control and Prevention. *1997 BRFSS Summary Prevalence Report*.

4. Idler EL, Benyamini Y. *Self-rated health and mortality: a review of twenty-seven community studies*. *Journal of Health and Social Behavior*, 1997;38:21-37.

Percentages in this report are based on the responses of those surveyed and were weighted to the most recent data available for the Los Angeles County population. When possible, data were weighted to the 1996 Current Population Survey data for Los Angeles County.

In any survey that involves sampling, some degree of error is introduced by the sampling process, even when the sample is chosen randomly. In the present survey, if 50% of the overall sample of adults answered "yes" to a specific question, the sampling error would be plus or minus 1.4 percentage points at the 95% confidence level. This means that there is a 95% chance that had the entire adult population been interviewed using the same questionnaire and methods, the result would be between 48.6% and 51.4%. Because the sample sizes of subgroups are smaller than the overall sample, results for these subgroups have larger sampling errors. For all estimates presented in this report, sampling errors are available.

There are a number of other possible sources of error in any survey. For example, some households don't have telephones, questions may be misunderstood, respondents may not provide accurate information, and errors may occur in the processing of data. The survey professionals working on this study made every effort to minimize such errors.

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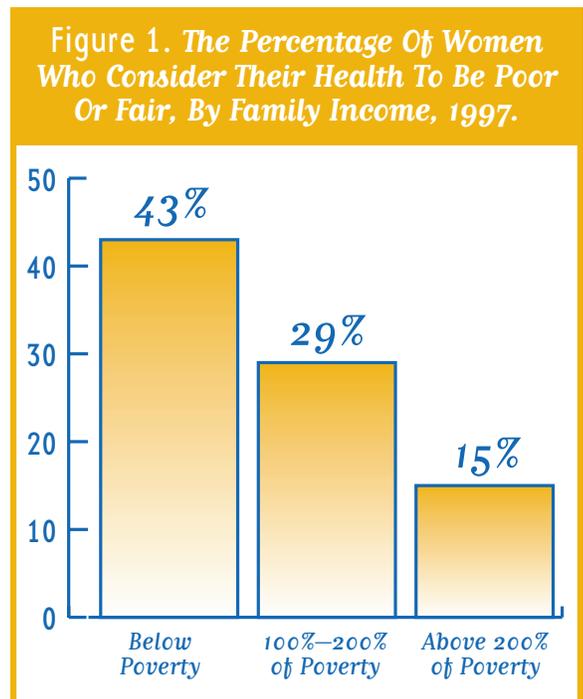
status, and service planning area (SPA). In addition, given the unique health needs of women, estimates are provided of the number and percentage of women in the county that lack health insurance, report difficulties accessing health care services, do not have a regular source of care, and do not receive routine preventive health services.

The data were collected in the 1997 Los Angeles County Health Survey, a population-based telephone survey of 8,004 households in the county. One male or female adult from each household was randomly selected for participation in the survey. The results presented in this report are based on data from the 4,883 female respondents.

Nearly One-Quarter of Women Consider Their Health To Be Only Poor Or Fair.

Women were asked: *In general, would you say your health is excellent, very good, good, fair, or poor?*

- 49% of women in Los Angeles County consider their health to be very good or excellent, 27% consider their health to be good, and 24% consider their health to be poor or fair.
- The percentage of women that consider their health to be only poor or fair is highest among Latinas (35%) and Asians (32%), intermediate among African-Americans (20%), and lowest among whites (12%).
- The percentage that consider their health to be poor or fair shows little variation by age group (22% among women 18-39 years old, 24% in 40-49 year olds, 29% in 50-64 year olds, and 25% in those 65 years and older).
- Among the most economically disadvantaged women (those with family incomes below the federal poverty level⁵), 43% consider their health to be poor or fair compared to 29% of women with incomes between 100%-200% of the federal poverty level, and 15% of women with incomes above 200% of the federal poverty level (Figure 1).
- The percentage that consider their health to be poor or fair is 35% among women without health insurance and women covered by



5. For a family of four, the 1997 federal poverty level was an annual income of \$16,050 per year; 200% of poverty was \$32,100.

Source: Los Angeles County Health Survey, 1997

MediCal, 21% among women covered by Medicare, and 13% among women with private insurance.

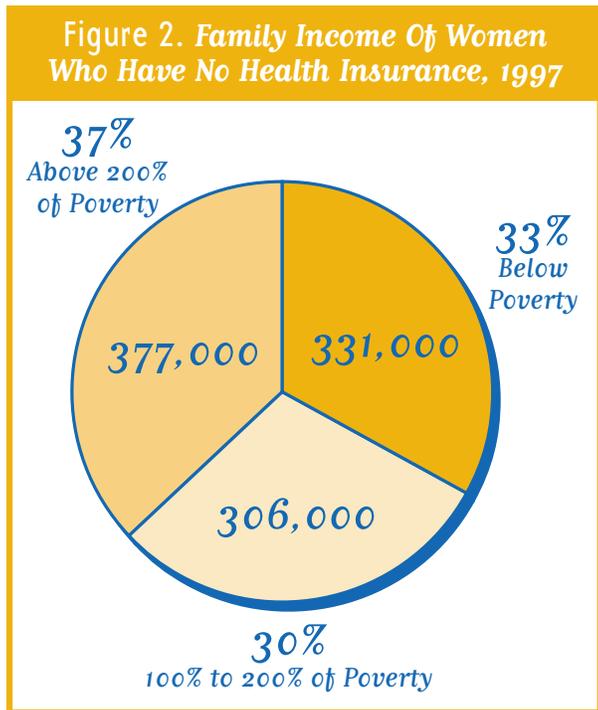
- The percentage that consider their health to be poor or fair is highest among women in the South (35%) and Metro (31%) SPAs and lowest in the West SPA (12%).
- 18% of women who consider their health to be poor or fair did not see a health care provider in the past 12 months.

One Million County Women Have No Health Insurance.

- 31% of women in Los Angeles County have no health insurance coverage. Within racial/ethnic groups, Latinas have the highest percentage of uninsured (48%), followed by Asians (30%), African-Americans (22%), and whites (18%).
- 63% of uninsured women have family incomes below 200% of the federal poverty level (Figure 2).
- Among women who consider their health to be poor or fair, 46% have no health insurance coverage.
- The percentage of women that are uninsured is highest in the Metro (44%) and South (39%) SPAs (Table 1).

One-Third Of Women Have Difficulty Getting Medical Care When They Need It.

Women were asked: *Overall, how easy or difficult is it for you to get medical care when you need it? Would you say it is very difficult, somewhat difficult, somewhat easy, or very easy?*



Source: Los Angeles County Health Survey, 1997

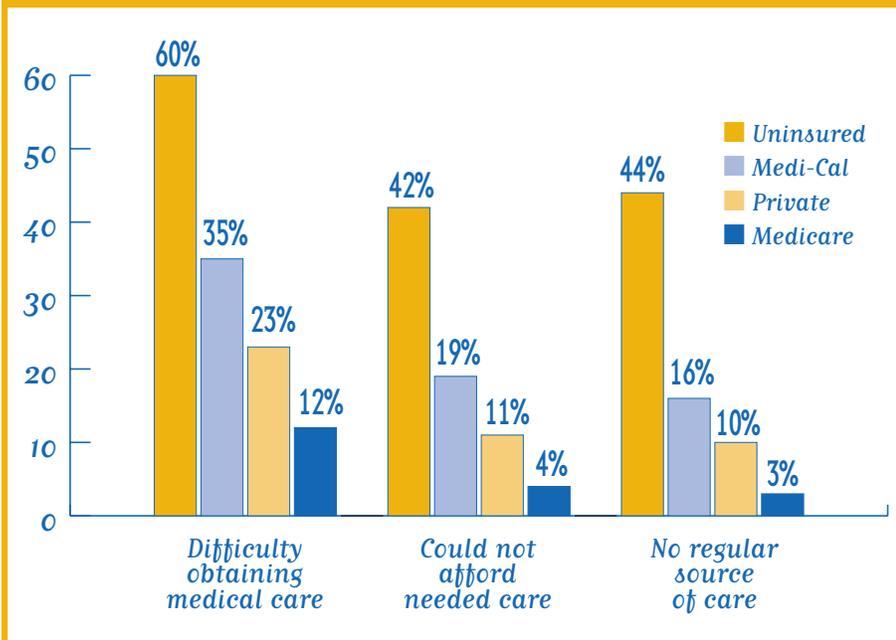
Table 1. Estimated Number And Percentage Of Women (18 Years And Older) Who Are Uninsured And Report Other Barriers To Receiving Health Care, By Service Planning Area, 1997.¹

Geographic Area	Uninsured			Difficulty Getting Needed Medical Care			Unable to Afford Needed Medical Care			No Regular Source of Care		
	Percent	Range ¹	Estimated Number	Percent	Range ¹	Estimated Number	Percent	Range ¹	Estimated Number	Percent	Range ¹	Estimated Number
County Total	31%	(±1%)	1,015,000	35%	(±1%)	1,134,000	21%	(±1%)	686,000	21%	(±1%)	668,000
Antelope Valley	29%	(±9%)	27,000	30%	(±10%)	28,000	14%	(±7%)	13,000	19%	(±8%)	18,000
San Fernando Valley	29%	(±3%)	182,000	35%	(±3%)	212,000	19%	(±3%)	121,000	19%	(±3%)	115,000
San Gabriel Valley	27%	(±3%)	171,000	32%	(±3%)	197,000	18%	(±3%)	111,000	18%	(±3%)	110,000
Metro	44%	(±4%)	168,000	45%	(±4%)	168,000	29%	(±4%)	110,000	33%	(±4%)	126,000
West	24%	(±5%)	53,000	25%	(±5%)	56,000	16%	(±4%)	36,000	15%	(±4%)	33,000
South	39%	(±5%)	142,000	44%	(±5%)	156,000	26%	(±4%)	95,000	22%	(±4%)	77,000
East	31%	(±4%)	136,000	35%	(±4%)	154,000	23%	(±3%)	98,000	21%	(±3%)	92,000
South Bay	26%	(±3%)	136,000	31%	(±3%)	161,000	19%	(±3%)	103,000	19%	(±3%)	99,000

1. 95% Confidence Interval

Source: Los Angeles County Health Survey, 1997

Figure 3. The Percentage Of Women Who Report Difficulties Accessing Health Care Services, By Health Insurance Status, 1997.



Source: Los Angeles County Health Survey, 1997

- 35% of county women say it is very difficult or somewhat difficult (henceforth referred to as “difficult”) to get needed medical care.
- The percentage that find it difficult to get needed medical care is highest in women without health insurance (60%), followed by women covered by MediCal (35%), women with private insurance (23%), and women covered by Medicare (12%) (Figure 3).
- Among women who report only poor or fair health, 53% have difficulty getting needed medical care.
- The percentage that find it difficult to get needed medical care is highest in the Metro (45%) and South (44%) SPAs and lowest in the West SPA (26%).

One In Five Women Needed To See A Doctor For A Health Problem In The Past 12 Months But Could Not Afford It.

- 21% of women in the county needed to see a doctor for a health problem in the past 12 months but could not afford it. The percentage that could not afford needed care was highest among uninsured women (42%), followed by those covered by MediCal (19%), those with private insurance (11%), and those covered by Medicare (4%).
- Among women with family incomes below 100% of the federal poverty level, 37% needed to see a doctor in the past 12 months but could not afford it.
- Among women who report only poor or fair health, 35% needed to see a doctor for a health problem in the past 12 months but could not afford it.
- The percentage that needed to see a doctor but could not afford it ranged from a high of 29% in the Metro SPA to a low of 14% in the Antelope Valley SPA.

One In Five Women In The County, Or Over 650,000 Women, Have No Regular Source Of Health Care.

- 21% of women in the county have no regular source of health care.
- 44% of women who are uninsured have no regular source of health care compared to 16% among women covered by MediCal, 10% with private insurance, and 3% covered by Medicare.



- The percentage of women with no regular source of health care is highest in the Metro SPA (33%), and ranges between 15%–22% in the remaining SPAs.
- Among women with a regular source of care, 12% (300,000 women) use a county or community clinic for this care.

More Than One Quarter Of Women Did Not Receive Routine Preventive Health Services In The Past Two Years.

- 27% of women did not have a Pap smear in the past 2 years. Among uninsured women, 40% did not have a Pap smear during this period.

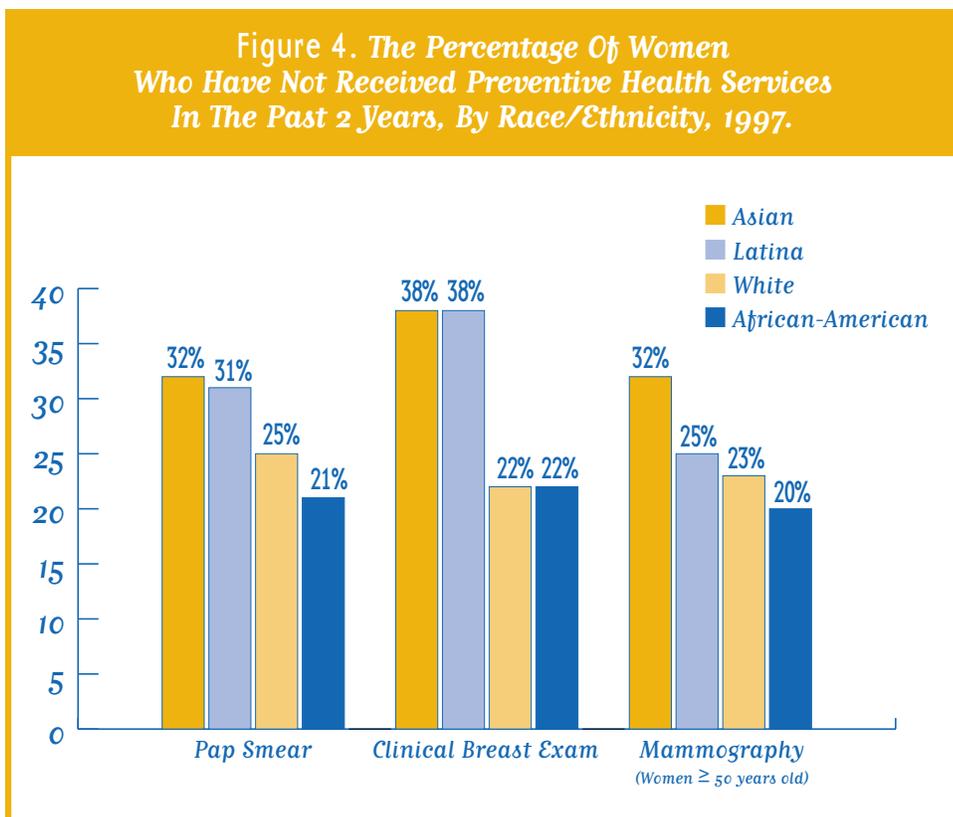
- The percentage that did not have a Pap smear was higher among Asian women (32%) and Latinas (31%) than white (25%) and African-American women (21%) (Figure 4).

- 30% of women did not have a clinical breast exam in the past 2 years. Among uninsured women, 47% did not have a clinical breast exam during this period.

- The percentage that did not have a clinical breast exam in the past 2 years was higher among Latinas (38%) and Asian women (38%) than white (22%) and African-American women (22%).

- Among women aged 50 years and older, 24% did not have a mammogram in the past 2 years. Among uninsured women in this age group, 40% did not have a mammogram during this period.

- Among women 50 years and older, the percentage that did not have a mammogram in the past 2 years was 32% in Asians, 25% in Latinas, 23% in whites, and 20% in African-Americans.



Source: Los Angeles County Health Survey, 1997

Discussion

The results of the survey indicate that approximately one-quarter of adult women in Los Angeles County consider themselves to be in poor or fair health. In addition, women living in poverty are nearly three times more likely to report poor or fair health than those with incomes greater than 200% of the federal poverty level. This finding is consistent with a large body of research that has shown a strong link between lower socioeconomic status and increased rates of disease and mortality.⁶ The survey also found that Latinas

6. Adler NE, Boyce WT, Chesney MA, Folkman S, Syme SL. Socioeconomic inequalities in health: no easy solution. *JAMA*, 1993;269:3140-3145.



and Asian women were more likely to report poor or fair health than white and African-American women, a surprising finding given that African-American women have a higher age-adjusted mortality rate and higher rates of many other health conditions than other women in the county. However, this result may also reflect cultural differences in the use of language to describe health. For example, one study found that Spanish-speaking Mexican-Americans were more likely to refer to “normal” health status as “fair” while English-speaking respondents more often used the term “good.”⁷

Access to and use of health care services, including preventive services, can have a profound impact on health. The survey results indicate that many women in Los Angeles County face significant barriers obtaining needed health care services. Nearly one-third of women have no health insurance, comparable to the rate of uninsured among adult men in the county (31%) and considerably higher than the rate among all women in California (16%).⁸ Moreover, among women in the county who consider their health to be only fair or poor, nearly one-half are uninsured and approximately one in five have not seen a health care provider in the past year. Women without insurance are more likely to report difficulty accessing services, difficulty paying for services, and not having a regular source of care.

A number of strategies have been proposed to increase insurance coverage among those in California who are uninsured, including efforts to expand eligibility and access to the Healthy Families Program and MediCal.⁹ These efforts could have a substantial impact on reducing the size of the uninsured population of women in the county given that 63% of these uninsured women have family incomes less than 200% of the federal poverty level. Other proposed strategies for expanding insurance coverage focus on instituting market reforms in the health insurance industry, such as the establishment of group purchasing pools and limits on premiums, to create affordable insurance for low-wage and self-employed workers.⁹ This approach is also of critical importance for women given that 80% of uninsured women in California are either employed or in families where the head of household works.¹⁰

To better address the health needs of women in the county, the Los Angeles County Board of Supervisors has established the Office of Women’s Health in the Department of Health Services and has proclaimed 1999 as the Year of Healthy Women (see sidebar). The Office of Women’s Health is responsible for

7. Angel R, Guarnaccia P. Mind, body, and culture: somatization among Hispanics. *Social Science and Medicine*. 1989;28:1229-1238.

8. Behavioral Risk Factor Survey, California, 1997.

9. Schauffler HH, McMenamin S, Cubanski J, Brown ER, Rice T. *The State of Health Insurance in California*. UC Berkeley Center for Health and Public Policy Studies and UCLA Center for Health Policy Research, 1999.

10. Wyn R, Martin R. *Women at Risk in California: A Chartbook on Health Insurance Coverage and Access to Care*. UCLA Center for Health Policy Research and the Women’s Health Collaborative, 1998.

Photo: JRC/Previsa Internacional

coordinating all activities related to this initiative with a particular focus on wellness and prevention. The Office of Women's Health will promote programs and policies that foster healthy lifestyle choices, such as regular exercise and balanced diets, and reduce risks for chronic diseases such as diabetes and heart disease, the leading cause of premature death among women in the county. In addition, the Office of Women's Health will work collaboratively with the Department's recently established Division of Chronic Disease Prevention and Health Promotion to support programs and interventions that specifically address these and other chronic diseases and associated risk factors such as smoking, physical inactivity, overweight, and poor nutrition.

The Office of Women's Health will also focus efforts on improving access to and use of preventive health services including routine physical exams and selected screening tests such as Pap smears, serum cholesterol tests, and mammography. The results of the survey indicate that substantial numbers of women in the county are not receiving routine preventive services, particularly those who are uninsured. Asian women and Latinas were also more likely to report not having received preventive services in the past 2 years. While this finding in part reflects higher levels of uninsured in these two groups, other factors not addressed in the survey, such as language and transportation barriers, lack of child care services, and cultural norms regarding health care use, may also be important.

As ongoing efforts are made to improve the health of women in the county, it is imperative that population-level indicators of health status and factors that influence health are identified and monitored to assess the effectiveness of these efforts. The data presented in this report provide a partial list of potential indicators that can be used as a baseline for this assessment, particularly in those communities where health improvement efforts are directed most intensively.

Acknowledgments

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1999—Year of Healthy Women

The Los Angeles County Board of Supervisors has proclaimed 1999 as the Year of Healthy Women and requested the Department of Health Services, through the Office of Women's Health, to work with county departments to implement this prevention and wellness initiative for women throughout the county.

The Office of Women's Health was created by Board order and established in October 1998 to improve the health status of women in Los Angeles County, with a focus on uninsured and indigent women, and in recognition of the importance of services, programs, and research targeted specifically to meet the health care needs of women.

The Office of Women's Health is currently developing an initiative with public and private partners to reduce the rate of cervical cancer in Los Angeles County, a disease that is preventable with regular pap screening exams. This effort will include a multi-media educational campaign and address issues related to access to care, screening follow-up and standards of care.

The Office of Women's Health is also working on implementing a board-directed initiative to increase health access for Latinas, cultural and linguistic competency standards for county health service programs and health promotion and disease prevention efforts, and research on Latinas.

The Office of Women's Health can be reached at (213) 240-7782.



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May is Women's Health Month

Summary:

LOS ANGELES COUNTY HEALTH SURVEY

Issue 4

- 24% of women in the county consider their health to be only poor or fair.
- Women living in poverty are nearly three times more likely to report poor or fair health than those with incomes greater than 200% of the federal poverty level.
- 31% of women have no health insurance coverage; among those who consider their health to be poor to fair, 46% have no insurance coverage.
- 35% of women report difficulty getting needed medical care; among uninsured women, 60% report difficulty getting needed care.
- One in five women in the county, or over 650,000 women, have no regular source of health care; among uninsured women, 44% have no regular source of care.
- 27% of women did not have a Pap smear in the past 2 years; among uninsured women, 40% did not have a Pap smear during this period.
- 24% of women aged 50 years and older did not have a mammogram in the past 2 years; among those without health insurance, 40% did not have a mammogram during this period.